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** CONTINUING DATA ***** <i>mg</i> <i>yes</i>				
** FOREIGN APPLICATIONS ***** <i>me</i> <i>No</i>				
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 30
Verified and Acknowledged Examiner's Signature <i>mg</i> Initials <i>me</i>		INDEPENDENT CLAIMS 3		
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FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	